

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/584478		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		(1)		1			54						
5	1		1				55						
6		1		1			56						
7		1		1			57						
8		3		1			58						
9		(1)		1			59						
10		(1)		1			60						
11		(1)		1			61						
12				1			62						
13							63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	12	←	10	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	14		12		0		TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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